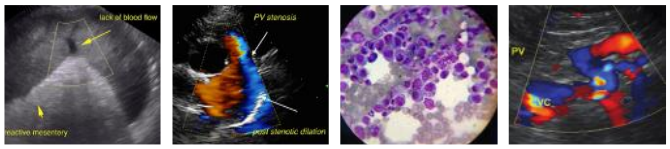


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Margo Kosinski

SPECIES

Canine

BREED

Rottweiler

SEX

FS

AGE

2yr

WEIGHT

50kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Bennett

INVOICE

13363ag

DATE

04/02/2023

PRESENTING CLINICAL SIGNS

Patient presents for PU/PD & urinary incontinence. P is unaware of urinary leakage, often happens while laying down, both awake & sleeping. The puddles of urine always look dilute per O. She is also drinking more water and asking to go outside more often, but not straining during urination or having urgency accidents in the house. P was adopted approx 6 months ago, no previous medical issues that O are aware of.

Abnormal PE/Chem/CBC/UA Results: Exam unremarkable, vitals WNL. Leaks dilute urine when laying down. No perivulvar dermatitis. CBC: All WNL. Chem10: All WNL (Crea 1.0, BUN 13). EPOC (lytes, acid base): All WNL. UA: USG 1.014, pH 7.0, dipstick all neg, quiet sediment. Urine culture pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with normal appearing bladder walls. The trigone and cystourethral junction were free of pathology. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.6 cm in length. The right kidney measured 8.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized subjectively measuring 0.72 cm width at the caudal pole. The right adrenal gland was not definitely visualized.

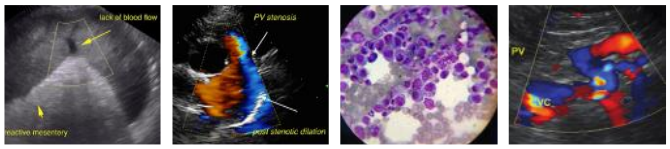
Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

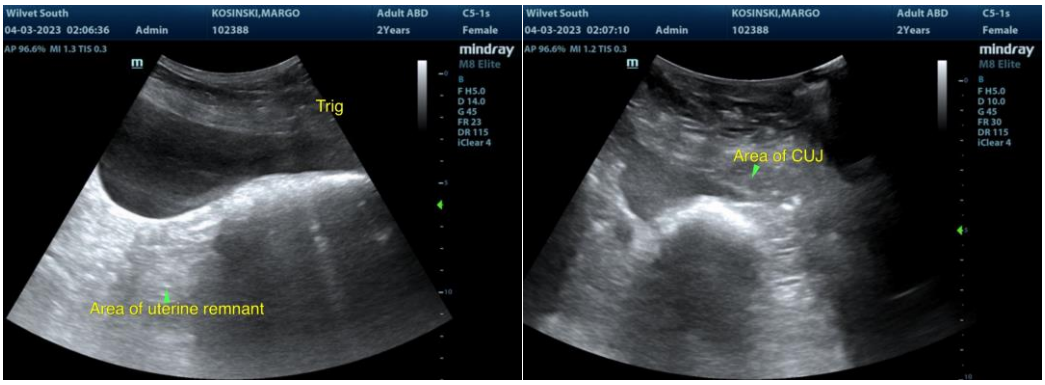
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder with minor sediment.
- Sonographically normal bilateral kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral, specially upper/lower urinary tract or kidney pathology as a definitive cause of the patient's clinical signs. No evidence of overt congenital defect i.e., renal dysplasia, ectopic ureter or other. Correlation with pending urine C/S suggested.

Pending C/S results, empirical therapy for incontinence which may include hormonal therapy or phenylpropanolamine trial and assessment of clinical response may prove beneficial. If clinical concern for non-visualized congenital abnormality, contrast imaging or cystoscopy may be indicated.



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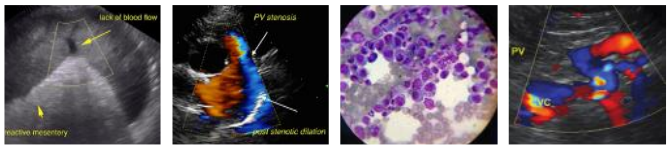

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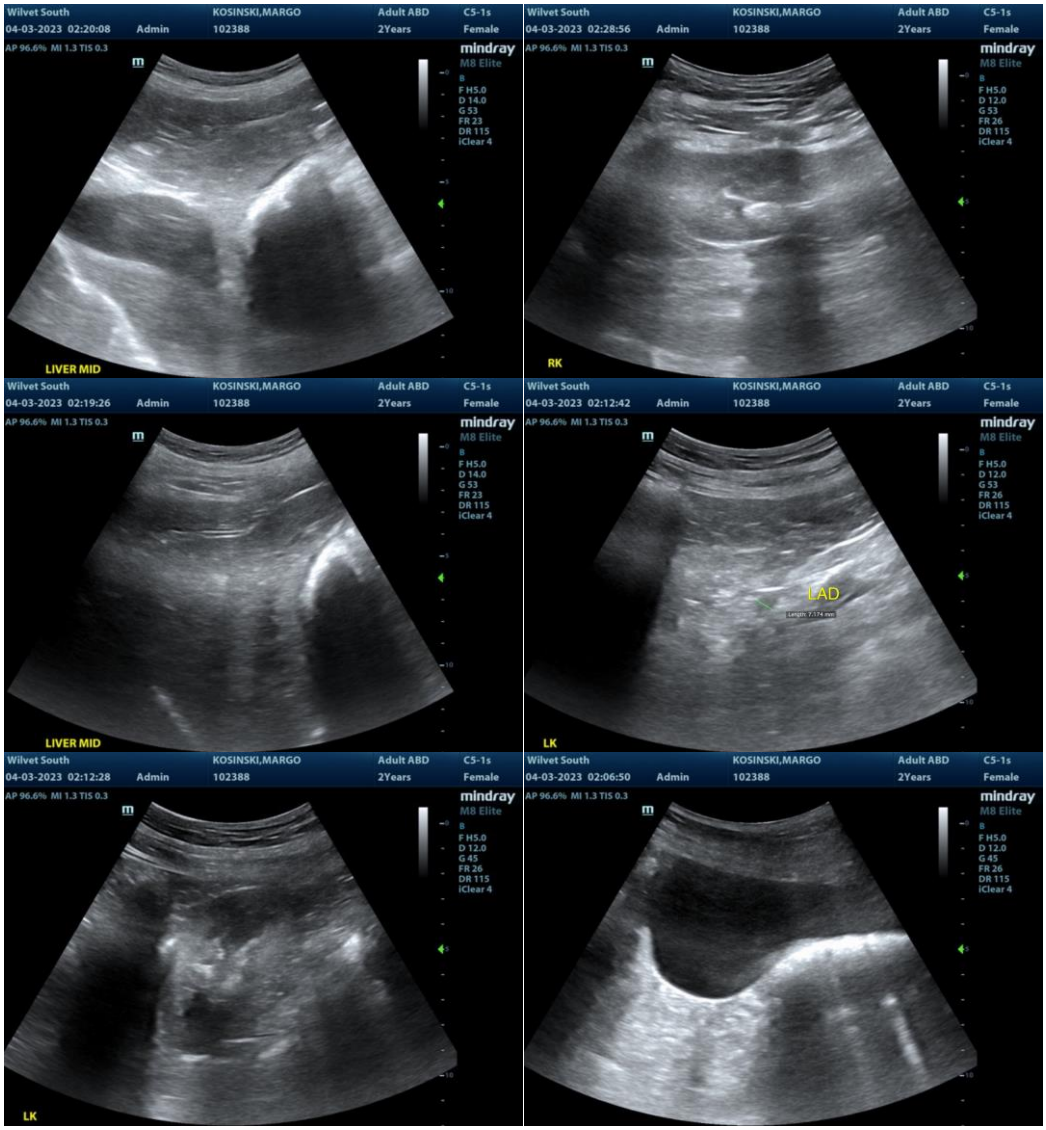

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
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